

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

October to December 2005



TABLE OF CONTENTS

Glossary	3
Executive Summary	4
Introduction	6
Part I: Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals	7
Part II: Medicaid Appeal Information	27
Customer Service and Community Rights Team Current Developments	36

GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
 - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
 - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
 - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
 - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

Private Health Information

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

EXECUTIVE SUMMARY

- The CSCR Team responded to 1041 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- There was a 369 percent increase in the total number of cases during the last 27 months (page 9).
- There has been a corresponding 128 percent increase in the number of staff responses to cases during the last 27 months (page 11).
- The average number of responses from the CSCR Team to address Complaint/Concern, Information/Referral and Investigations is three follow-up activities and the average number of responses per Medicaid Appeal cases is three (page 12).
- The most common sources of Complaints/Concerns, Information/Referrals and Investigations continue to be family members and consumers (page 12).
- “Access to services” remained the most prevalent concern with more than thirteen times the volume of “client rights” and “public assistance benefits” concerns, the next highest categories (page 16).
- Cases involving substance abuse issues were the most prevalent and cases involving mental health issues were the next most prevalent type of cases. The third most prevalent type of cases involved persons with a dual diagnosis of mental health and developmental disabilities. Cases involving persons with a developmental disability were the fourth most prevalent and cases involving persons with multiple diagnosis of mental health, developmental disabilities and substance abuse issues were the fifth most prevalent type of cases. Persons with a dual diagnosis of mental health and substance abuse and persons with a diagnosis of traumatic brain injury issues represented one percent of the cases (page 19).
- A slightly higher percentage of cases concerned male consumers (45 percent) than female consumers (44 percent). Eleven percent of the cases were not applicable to a specific consumer (page 20).
- Complaint/Concern and Information/Referral requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was twenty-nine (page 21).
- Consumers referred the majority of the investigations through information in complaints, concerns and allegations of client rights violations (page 25).

- The most prevalent number of investigations (four cases) involved consumers with mental health services. There was one investigation (17 percent) that involved a consumer with developmental disabilities and one investigation that involved a consumer with a multiple diagnosis of mental health, developmental disabilities and substance abuse (page 26).
- The CSCR Team received 57 requests to file Medicaid Appeals during this report period. Twenty appeals involving CAP-MR/DD Waiver issues were filed and represented 35 percent of the appeals total. The CAP-MR/DD appeals from last quarter represented 13 percent of the total appeals (page 28).
- Medicaid Appeals were filed by recipients residing in the catchment areas of 22 AP/LMEs (page 30).
- Thirty-nine percent of AP/LME local review decisions for Medicaid appeals upheld the AP/LME decision (page 32).
- Out of 57 Medicaid appeals filed, only seven (12 percent) were scheduled as a DMH/DD/SAS hearing and all upheld the AP/LME decision (page 34).
- Forty-eight of the 57 (84 percent) Medicaid hearing requests were withdrawn after a request for a DMH/DD/SAS hearing (page 34).
- Three of the seven DMH/DD/SAS scheduled Medicaid hearings involved CAP-MR/DD services (page 35).

INTRODUCTION

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the second quarter of the 2005/2006 fiscal year which includes the months of October, November and December 2005.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer service system.

There are two main parts to this report: Part I of the report will look at Complaint/Concern data, Information/Referral data and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

Section A - Volume of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between October and December 2005

Case Type	Number of Cases	% of Total
Information/Referrals	830	80%
Complaints/Concerns	148	14%
Medicaid Appeals	57	5%
Investigations	6	1%
Total	1041	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from October to December 2005. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 830 (80 percent) Information/Referral cases and 148 (14 percent) Complaint/Concern cases. Team members also addressed 57 Medicaid Appeal requests (five percent) and six Investigations (one percent) between October and December 2005.

Table 2 - Historical Case Comparisons Between July and September 2005 and October and December 2005

Case Type	July to September 2005	October to December 2005
Information/Referrals	641	830
Complaints/Concerns	156	148
Medicaid Appeals	88	57
Investigations	16	6
Total	901	1041

Figure 1 - Historical Case Comparisons Between July and September 2005 and October and December 2005

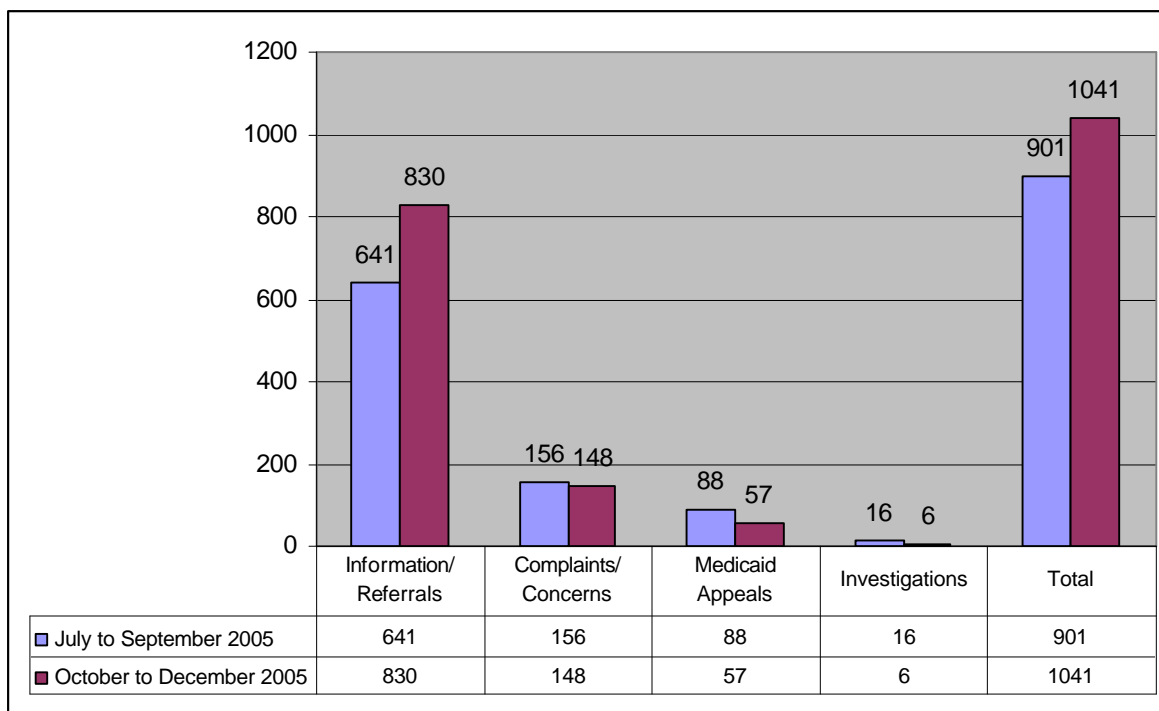


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between July and September 2005 and October and December 2005. During the six month period of July and December 2005, 901 cases were addressed from July to September and 1041 cases were addressed from October to December 2005. The number of Information/Referrals increased from 641 cases from July to September 2005 to 830 cases from October to December 2005 and the number of Medicaid Appeals decreased from 88 in July to September 2005 to 57 in October to December 2005. The number of Investigations decreased from 16 in July to September 2005 to six from October to December 2005 and the number of Complaints/Concerns decreased from 156 in July to September 2005 to 148 from October to December 2005.

Table 3 – Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month
April to June 2005	246 per month
July to September 2005	300 per month
October to December 2005	347 per month

Figure 2 - Customer Service And Community Rights Average Monthly New Cases

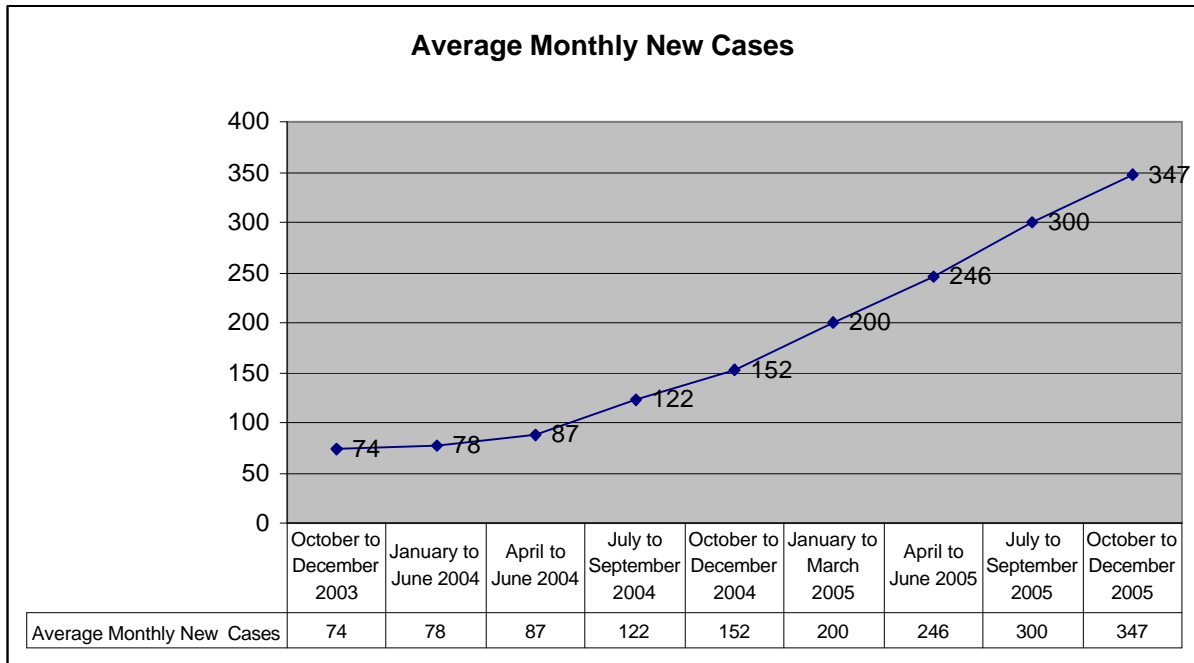
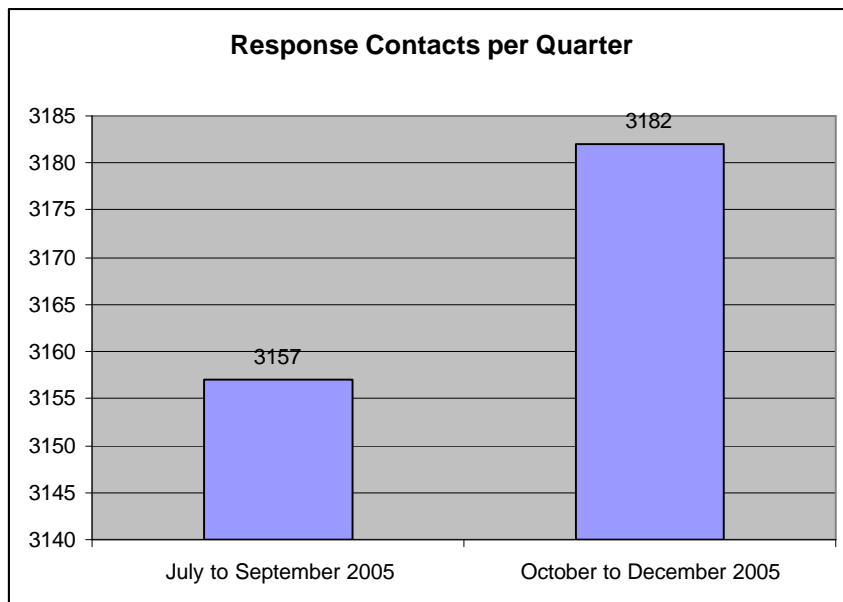


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 27 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004 there was an average of 122 new cases per month. There was an average of 152 new cases from October to December 2004 and from January to March 2005 there was an average of 200 new cases. From April to June 2005, there was an average of 246 new cases per month and from July to September 2005 there was an average of 300 new cases. From October to December 2005, there was an average of 347 new cases per month. **As a result, there is a 369 percent increase in the average monthly case load over the last 27 months.**

Table 4 – Historical Case Response Comparisons Between July and September 2005 and October and December 2005

Case Type	July to September 2005	October to December 2005
Complaint/Concerns, Investigations, Information/Referrals	2788	2964
Medicaid Appeals	369	218
Totals	3157	3182

Figure 3 – Historical Case Response Comparisons Between July and September and October and December 2005



Responses by the CSCR Team refer to the number of staff responses or contacts to the Complaints/ Concerns, Information/Referrals, Investigations and Medicaid Appeals. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a Provider Relations Coordinator.² After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

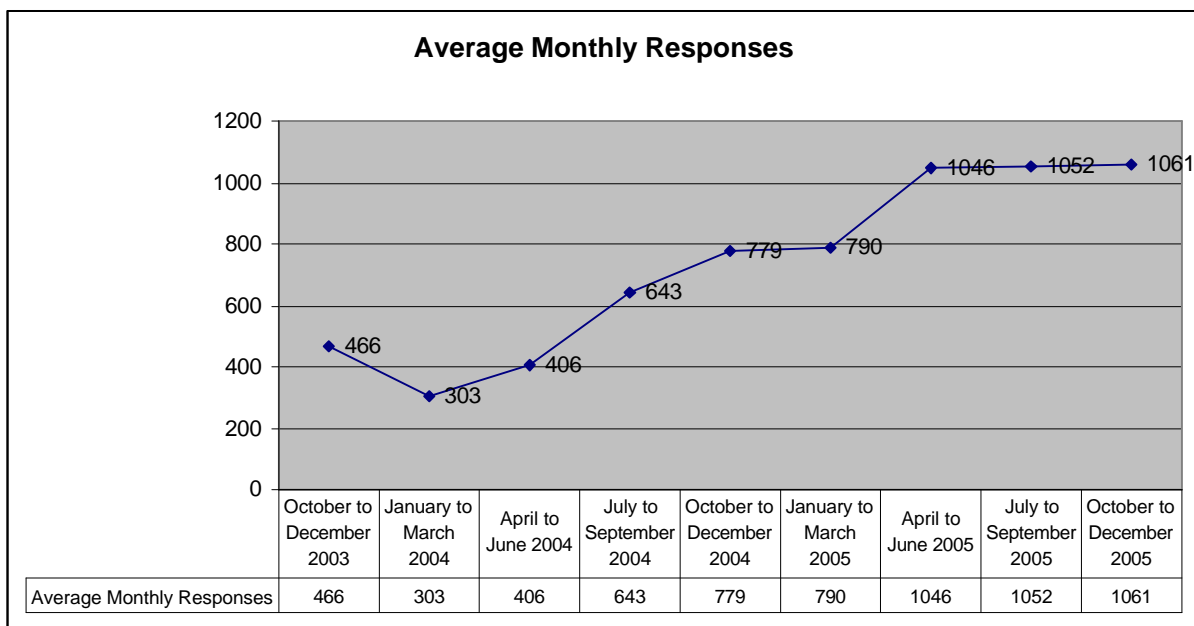
Table 4 and Figure 3 indicate that the number of staff responses to new cases from October to December 2005 was greater than from July to September 2005. From July to September 2005, there were 3157 responses for 901 new cases and from October to December 2005, there were 3182 responses to 1041 new cases

² AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500.

Table 5 – Responses to New Cases: Historical Summary

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to March 2004	303 per month
April to June 2004	406 per month
July to September 2004	643 per month
October to December 2004	779 per month
January to March 2005	790 per month
April to June 2005	1046 per month
July to September 2005	1052 per month
October to December 2005	1061 per month

Figure 4 - Responses to New Cases: Historical Summary



The number of staff responses to informally resolve new cases has increased considerably in the 27 months. The average monthly number of responses from October to December 2003 was 466 per month and 303 per month from January to March 2004. There was an average of 406 per month from April to June 2004 and the average monthly number of responses to new cases from July to September 2004 was 643. From October to December 2004, there was an average of 779 responses to new cases and from January to March 2005, the average number of responses was 790 per month. The average monthly responses to new cases from April to June 2005 was 1046 and the average monthly responses to new cases from July to September 2005 was 1052 per month. From October to December 2005, there was an average of 1061 responses to new cases. **As a result, there is a 128 percent increase in the average monthly responses over the last 27 months.**

Table 6 - Average Total of Monthly Responses Per Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals from October to December 2005

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concerns, Information/Referral, Investigations and Responses	2964	984	3
Medicaid Appeal Responses	218	57	4
Total	3182	1041	3

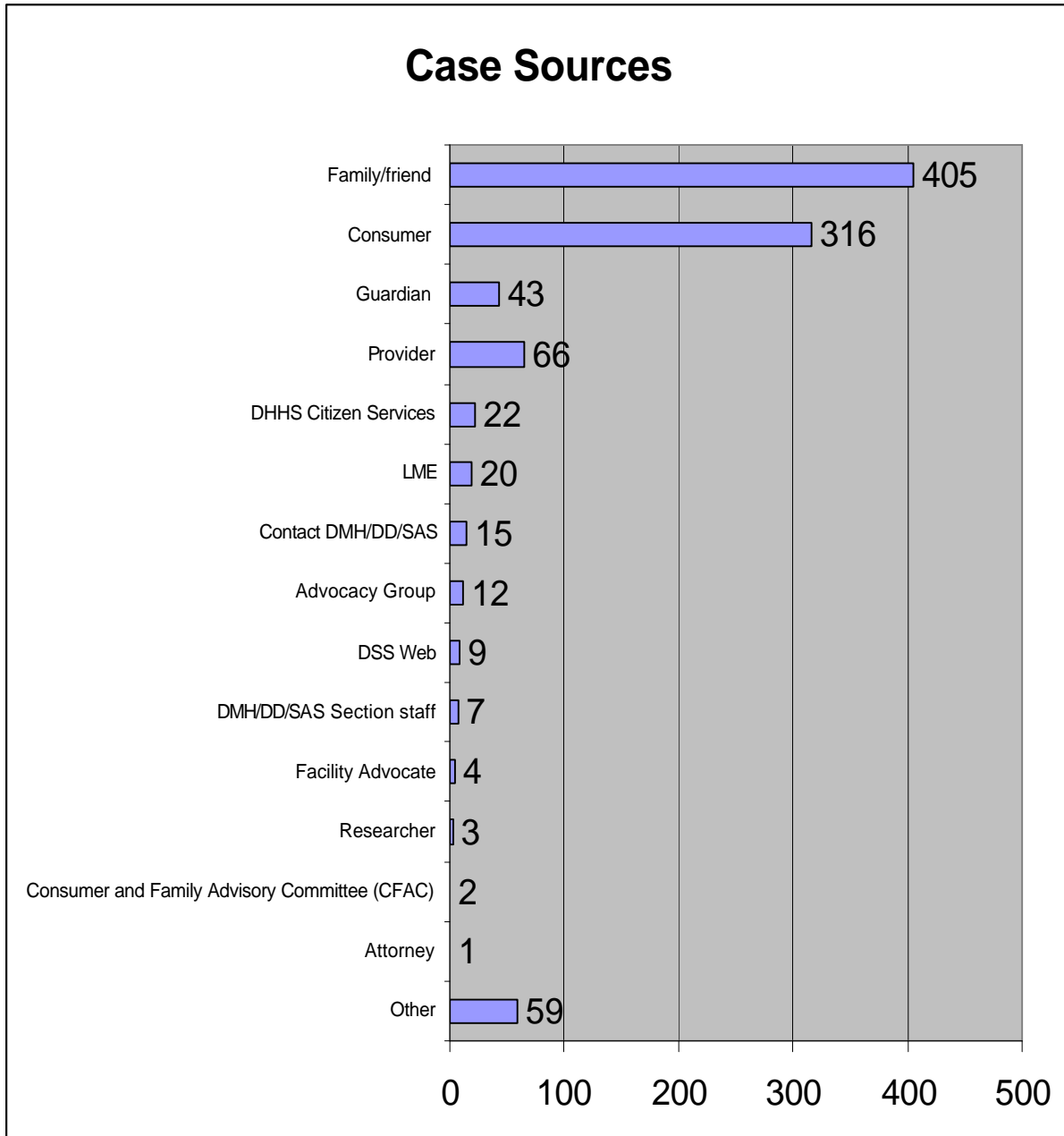
Since several responses were required for each of the 1041 cases of Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals, there were 3182 identified responses for these cases. There were 218 total identified responses for the 57 Medicaid Appeal cases. The average monthly number of responses per each Medicaid Appeal was four and the average monthly number of responses for each of the other types of cases was three.

Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 7 - Case Sources From October to December 2005

Source Type	Number of Cases	% Of Total
Family/friend	405	42%
Consumer	316	32%
Guardian	43	4%
Provider	66	7%
DHHS Citizen Services	22	2%
LME	20	2%
Contact DMH/DD/SAS	15	2%
Advocacy Group	12	1%
DSS Web	9	1%
DMH/DD/SAS Section staff	7	1%
Facility Advocate	4	Less than 1%
Researcher	3	Less than 1%
Consumer and Family Advisory Committee (CFAC)	2	Less than 1%
Attorney	1	Less than 1%
Other	59	6%
Total	984	100%

Figure 5 - Case Sources From October to December 2005



Case Sources: The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 15 different sources which are listed in Table 7 and Figure 5. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are forwarded directly to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 764 (78 percent) of the 984 Complaint/Concern, Information/Referral or Investigation cases. Consumers initiated 316 (32 percent), family/friends initiated 405 (42 percent) and guardians initiated 43 (four percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 66 cases (seven percent) while the North Carolina DHHS Office of Citizen Services (22), LME staff (20) and contactdmh website were each sources of two percent of the cases. Twelve case sources (one percent) were from advocacy groups and nine cases were submitted from the DSS website (one percent). DMH/DD/SAS staff initiated seven cases, which was one percent of the total cases. The following sources initiated less than one percent of the cases submitted: facility advocates (4), researchers (3), consumer and family advisory committees (2) and attorney (1) and. Fifty-nine cases are in the “other” category and were six percent of the total cases.

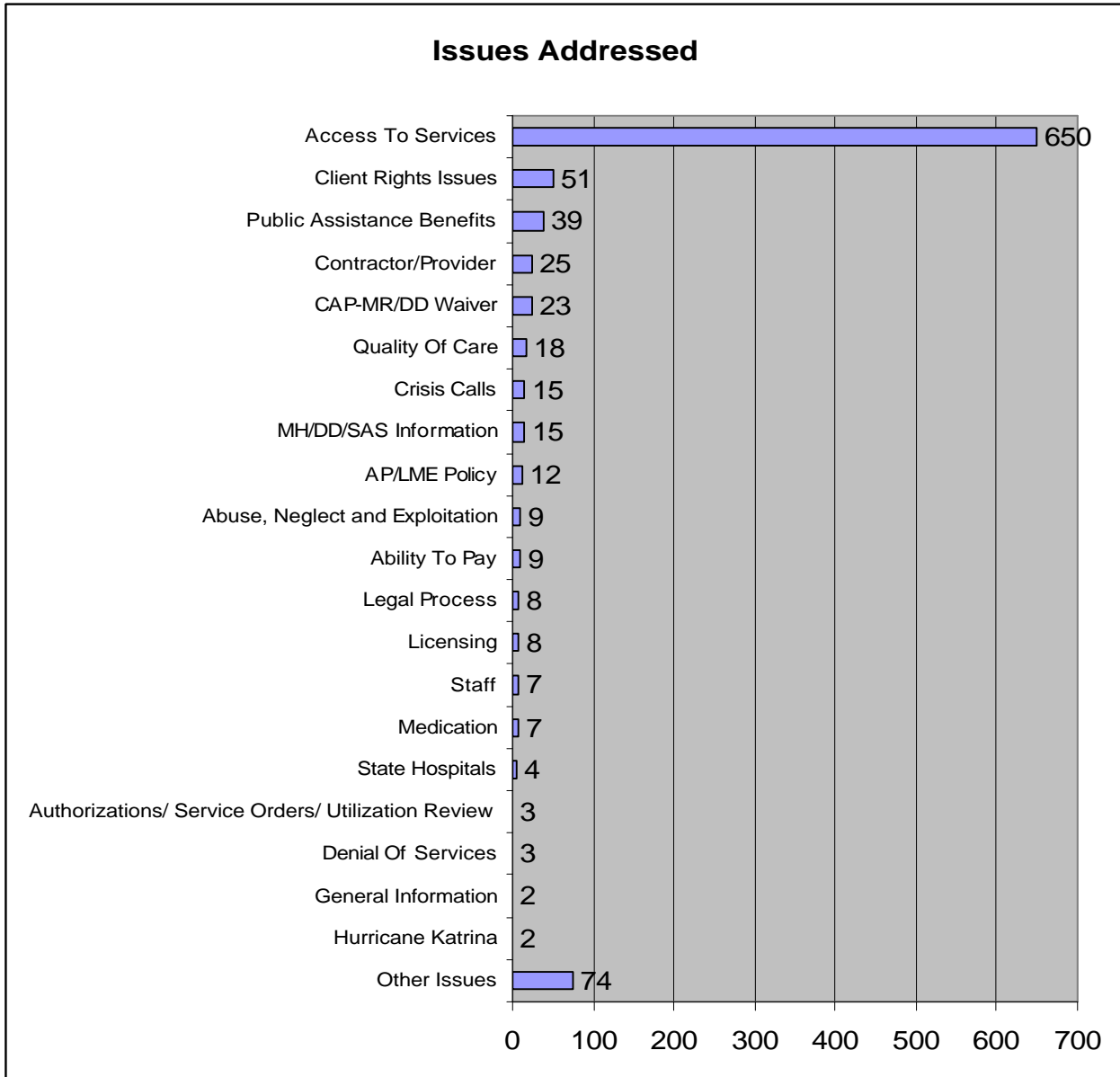
Table 8 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

Issue	Definition/Comment
Abuse Neglect and Exploitation	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Ability to Pay	<i>Concerns over a consumer's financial obligation</i>
Access to Services	<i>Requests for services</i>
AP/ LME Policy	<i>Disputes over AP/LME administrative or service policy</i>
Authorization/ Service Orders/ Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Public Assistance Benefits	<i>Disability benefits questions (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Calls	<i>Calls that indicate an urgent crisis</i>
Denial of Services	<i>Concerns over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
MH/DD/SAS Information	<i>Information requested regarding any rules, statutes, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform processes, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues</i>
CAP-MR/DD Waiver	<i>Questions/issues/ information regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Contractor/Provider	<i>Issues related to provider performance or policy</i>
Client Rights	<i>Alleged violations of rights in law or administrative rule</i>
Quality of Care	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Hurricane Katrina	<i>Questions/issues/ information regarding hurricane Katrina assistance</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues</i>
Service Definitions	<i>Questions/issues/ information regarding new service definitions</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

Table 9 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From October to December 2005

Issue	Total	% of Total
Access To Services	650	68%
Client Rights Issues	51	5%
Public Assistance Benefits	39	4%
Contractor/Provider	25	3%
CAP-MR/DD Waiver	23	2%
Quality Of Care	18	2%
Crisis Calls	15	2%
MH/DD/SAS Information	15	2%
AP/LME Policy	12	1%
Ability To Pay	9	1%
Abuse, Neglect and Exploitation	9	1%
Legal Process	8	1%
Licensing	8	1%
Medication	7	1%
Staff	7	1%
State Hospitals	4	Less than 1%
Denial Of Services	3	Less than 1%
Authorizations/ Service Orders/ Utilization Review	3	Less than 1%
Hurricane Katrina	2	Less than 1%
General Information	2	Less than 1%
Other Issues	74	8%
Grand Totals	984	100%

Figure 6 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals, Investigations and From October to December 2005



Issues Addressed: Table 8 describes the issue categories most commonly addressed. The Complaint/Concern, Information/Referral and Investigation cases encompass a wide variety of issues. Table 9 and Figure 6 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (650 or 66 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

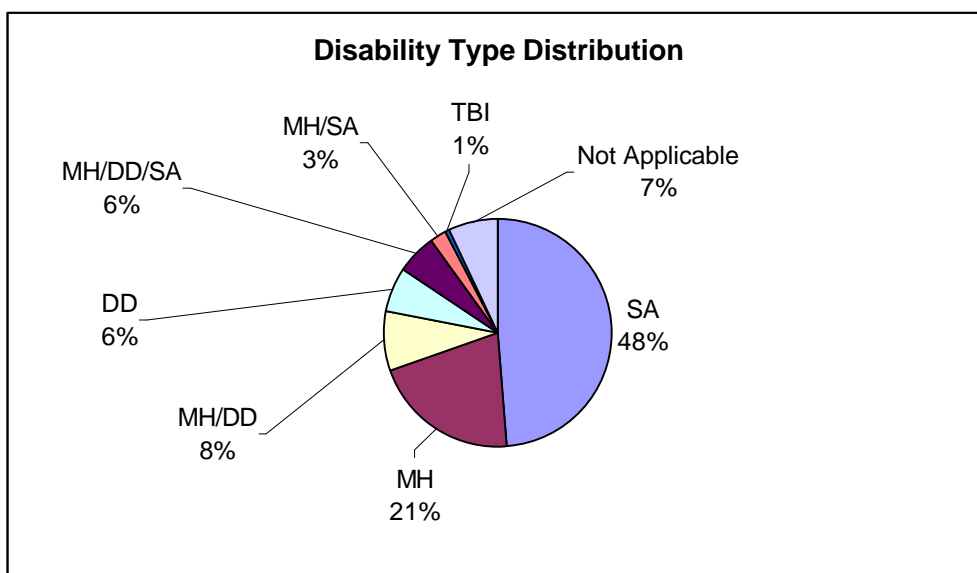
The next most prevalent category of cases was requests for information about client rights issues which had 51 cases (five percent). Four percent (39 cases) of the cases were regarding public assistance benefits and three percent (25) were contractor/provider issues. CAP-MR/DD issues (23 cases), quality of care issues (18) and crisis calls (15) each represented two percent of the cases. Cases regarding AP/LME policy issues (12), ability to pay (9), legal issues (8), licensing (8), medication (7) and staff (7) were each one percent of the total cases. Each of the following issues had less than one percent of the cases: state hospitals (4), denial of services (3), authorization/service orders/utilization reviews (3), abuse, neglect and exploitation (2), Hurricane Katrina (2) and general information.

Seventy-four cases are in the “other” category and represent eight percent of the total cases. Examples include requests for information on housing, employment and obtaining records from another agency.

Table 10 - Disability Group Distribution of Cases from October to December 2005

Disability	Total	% of Total
SA	478	48%
MH	207	21%
MH/DD	83	8%
DD	63	6%
MH/DD/SA	55	6%
MH/SA	25	3%
TBI	6	1%
Not Applicable	67	7%
Total	984	100%

Figure 7 - Disability Group Distribution of Cases from October to December 2005



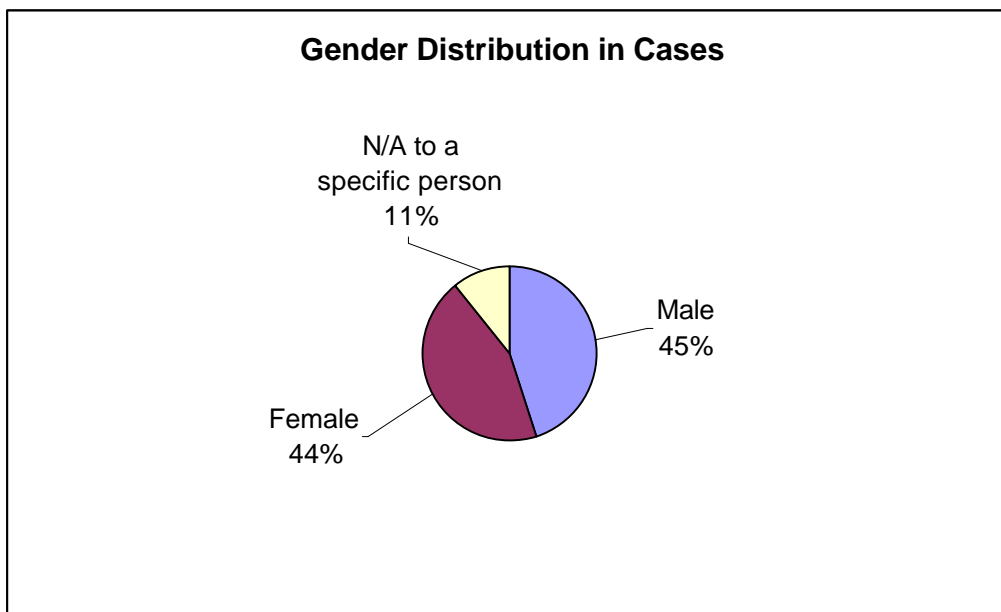
Disability Type Representation: Table 10 and Figure 7 show disability groups that were represented in the 984 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Consumers of substance abuse services cases represented 478 (48 percent) of the total. The next most prevalent disability group was consumers with mental health concerns with 207 (21 percent) of the cases. Eighty-three cases (eight percent) were related to a dual diagnosis of MH/DD and 63 (six percent) were cases with a person with a developmental disability. Fifty-five cases (six percent) were related to multiple MH/DD/SAS issues and 25 (three percent) were related to dual diagnosis of MH/SA issues. Sixty-seven (seven percent) were not applicable to any particular disability group and six cases (one percent) were related to Traumatic Brain Injury (TBI).

Table 11 - Gender Distribution of Issues from October to December 2005

Gender	Number	% of Totals
Male	443	45%
Female	437	44%
N/A to a specific person	104	11%
Total	984	100%

Figure 8 - Gender Distribution of Issues for October to December 2005



Gender Distribution: Table 11 and Figure 8 indicate the gender distribution for the 984 total cases from October to December 2005. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Four hundred and forty-three cases (45 percent) were males and 437 (44 percent) were females. One hundred and four cases (11 percent) were not applicable to a specific individual.

Section C - Location of the Complaint/Concern and Information/Referral cases

Table 12 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	3	9	12	1%
Albemarle	1	9	10	1%
Catawba	0	9	9	1%
CenterPoint	9	22	31	3%
Crossroads	2	16	18	2%
Cumberland	4	24	28	3%
Durham	4	29	33	3%
Eastpointe	6	17	23	2%
Edgecombe-Nash/Wilson-Greene	3	4	7	Less than 1%
Five County	4	13	17	2%
Foothills	7	16	23	2%
Guilford	4	15	19	2%
Johnston	3	17	20	2%
Mecklenburg	3	43	46	5%
Neuse	1	8	9	1%
New River	3	10	13	1%
Onslow	5	15	20	2%
Orange-Person-Chatham	1	7	8	1%
Out of State	2	23	25	3%
Pathways	10	26	36	4%
Piedmont	10	35	45	5%
Pitt	1	15	16	2%
Roanoke-Chowan	1	9	10	1%
Rockingham	2	7	9	1%
Sandhills	4	35	39	4%
Smoky Mountain	2	16	18	2%
Southeastern Center	6	25	31	3%
Southeastern Regional	4	18	22	2%
Tideland	2	7	9	1%
Wake	10	68	78	8%
Western Highlands	11	29	40	4%
Anonymous	9	150	159	16%
N/A	11	84	95	10%
Grand Total	148	830	978	100%
Total Minus Unspecified (N/A and Anonymous)	128	596	724	74%
Mean (Average)	4.49	25.15	29.64	3%
Median (Middle Score)	4	16	20	2%
Mode (Most Common)	4	9	4	2%

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: the data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 148 Complaint/Concern and 830 Information/Referral cases were addressed between October and December 2005. Investigations were not included in this table and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 4.49 and the mean number of Information/Referral contacts per AP/LME is 25.15. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

Section D - Investigations

The DMH/DD/SAS receives complaints/allegations regarding a variety of issues such as allegations of client rights, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigations involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

Table 13– Total Active Investigations from October to December 2005

Status	Total	% of Total
New Cases Referred from October to December 2005	6	43%
Active Cases Referred Before October 2005	8	57%
Total	14	100%

Figure 9- Total Active Investigations from October to December 2005

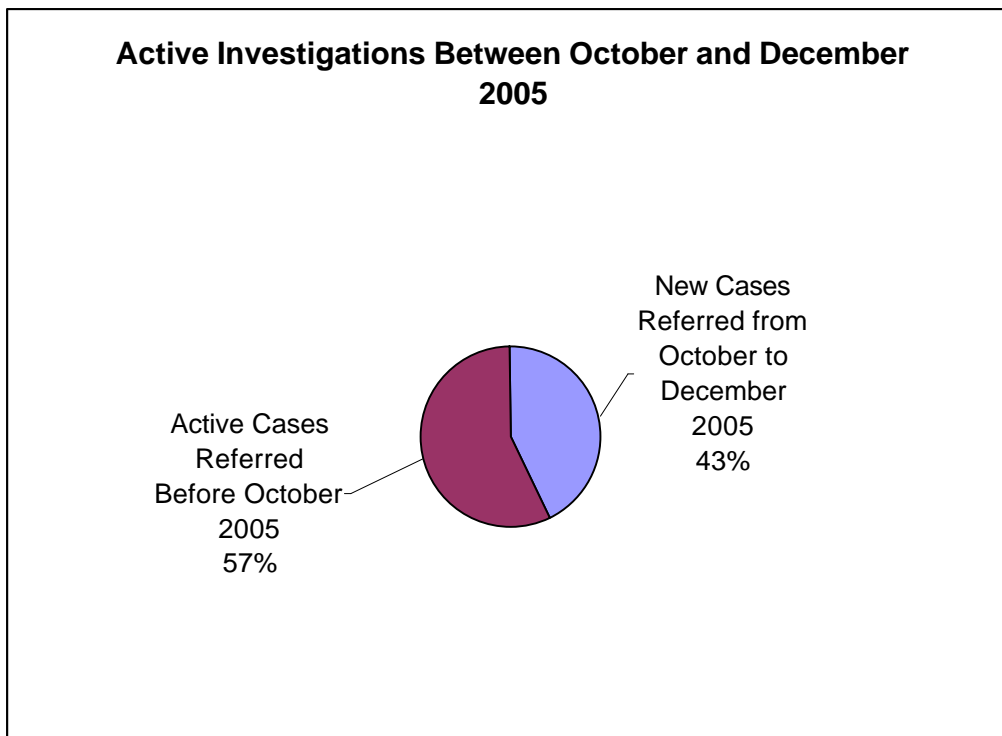


Table 13 and Figure 9 show the total number of active investigations (14) from October to December 2005. In this quarter, eight investigations (57 percent) were initiated before October 2005. Six investigations (43 percent) were initiated from October to December 2005.

Table 14 - Investigation Status of Cases Active Between October and December 2005

Status	Total	% of Total
Complete	4	67%
Pending	2	33%
Total	6	100%

Figure 10 - Investigation Status of Cases Active Between October and December 2005

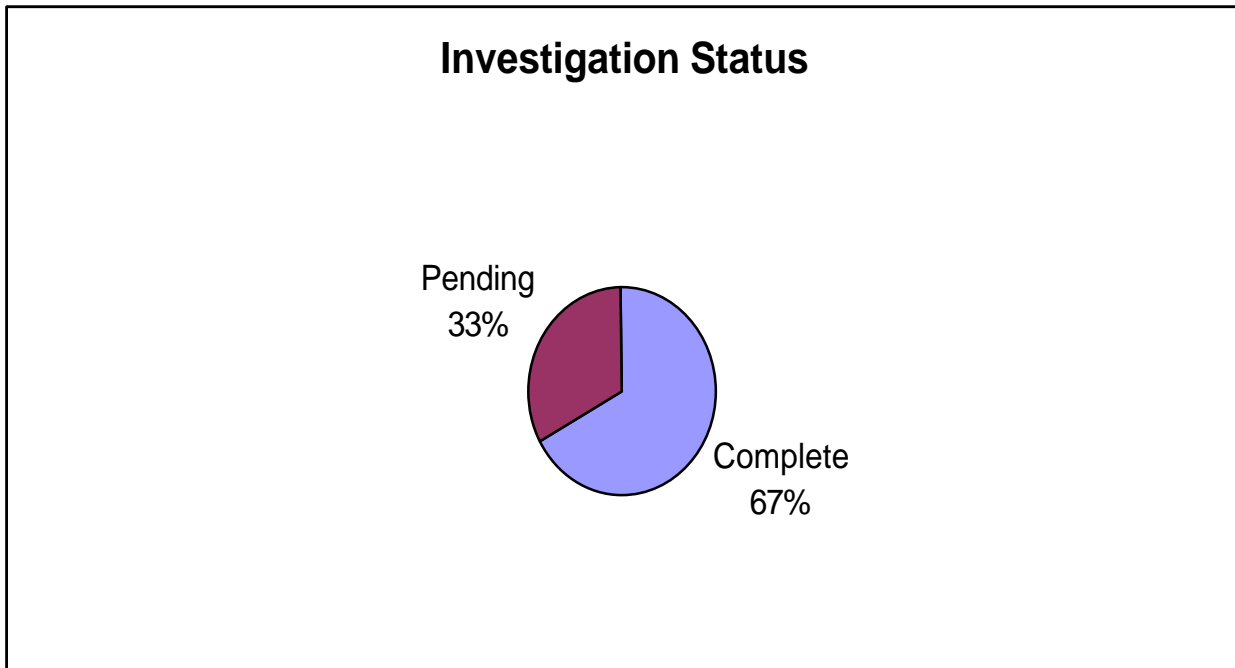


Table 14 and Figure 10 show the status of the investigations that were active during the October to December 2005 quarter. Of the six investigations, four investigations were closed during this period and two investigations are still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

Table 15 - Referral Sources for Investigations Initiated From October to December 2005

Case Referral Source	Total	% of Total
Client	2	32%
Family/Friend	1	17%
Local MH/DD/SAS Staff	1	17%
Facility Advocate	1	17%
Other	1	17%
Total	6	100%

Figure 11- Referral Sources for Investigations Initiated From October to December 2005

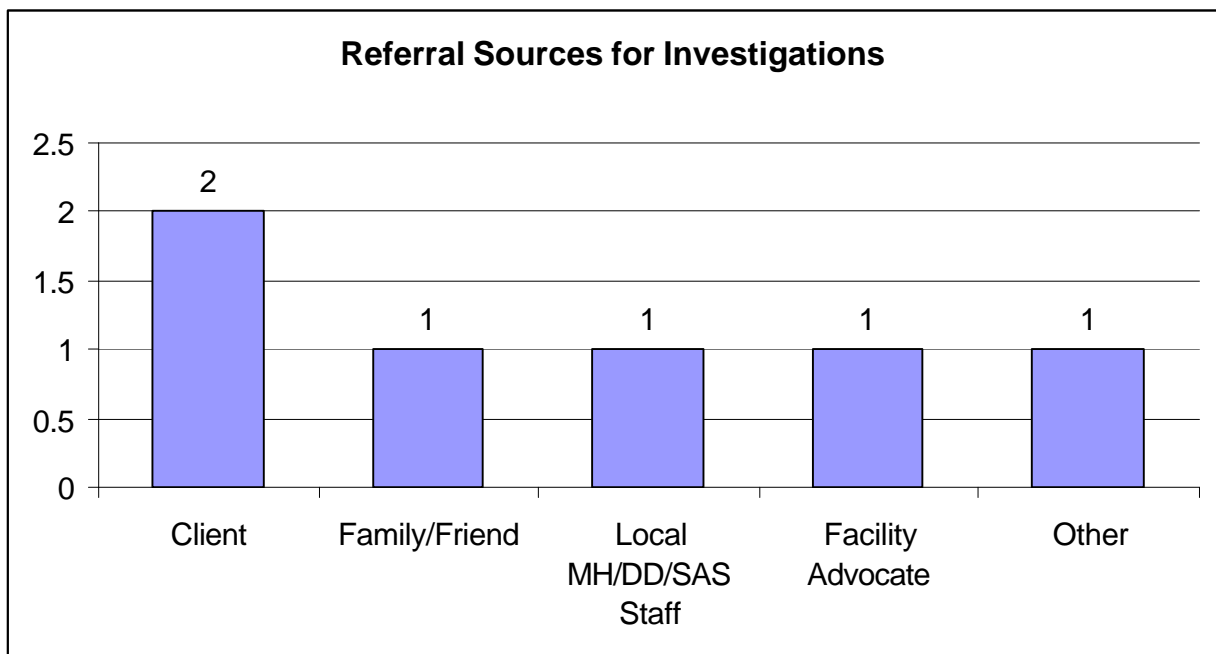
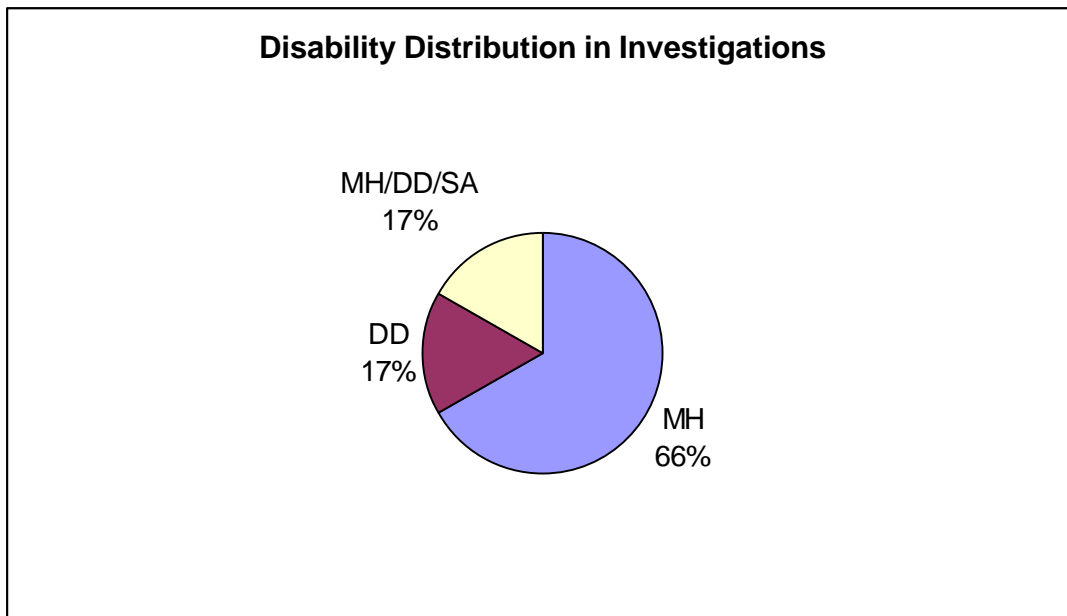


Table 15 and Figure 11 show the referral sources for the six investigations initiated between October and December 2005. Consumers referred the majority of investigations with two (32 percent) of the cases. A single case (17 percent) was referred by the following sources: families and friends, local MH/DD/SAS staff, facility advocate and other.

Table 16 - Disability Distribution of Investigations Initiated From October to December 2005

Disability	Total	% of Total
MH	4	66%
DD	1	17%
MH/DD/SA	1	17%
Total	6	100%

Figure 12 - Disability Distribution of Investigations Initiated From October to December 2005



Disability Type Representation: Table 16 and Figure 12 show disability groups that were represented in the six investigations. Consumers with mental health services represented four (66 percent) of the total. A single case (17%) involved a consumer of developmental disability services and another single case (17 percent) involved a consumer with a multiple diagnosis of mental health, developmental disabilities and substance abuse.

PART II: MEDICAID APPEAL INFORMATION FOR OCTOBER TO DECEMBER 2005

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 218 identified responses were made for the 57 appeals and the average monthly number of responses per appeal case was four.

Table 19 - Total Appeals Received by DMH/DD/SAS (October to December 2005)

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	37	65%
CAP-MR/DD	20	35%
Total	57	100%

Figure 15- Total Appeals Received by DMH/DD/SAS (October to December 2005)

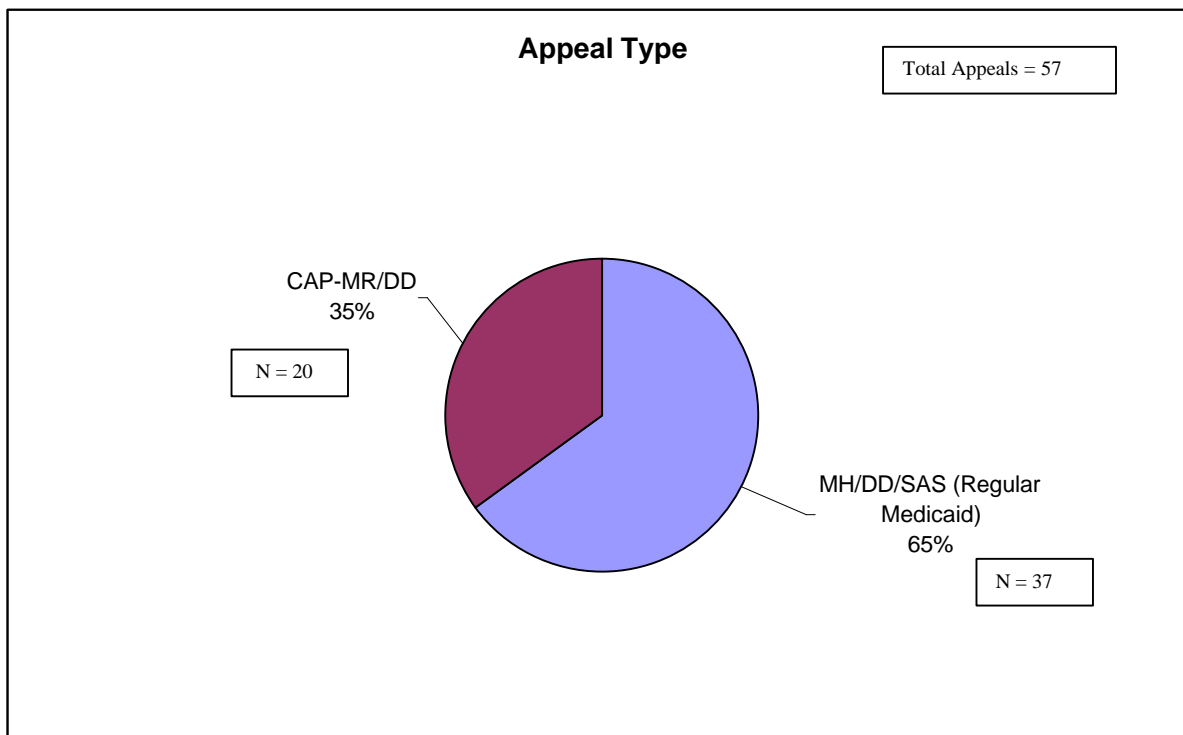
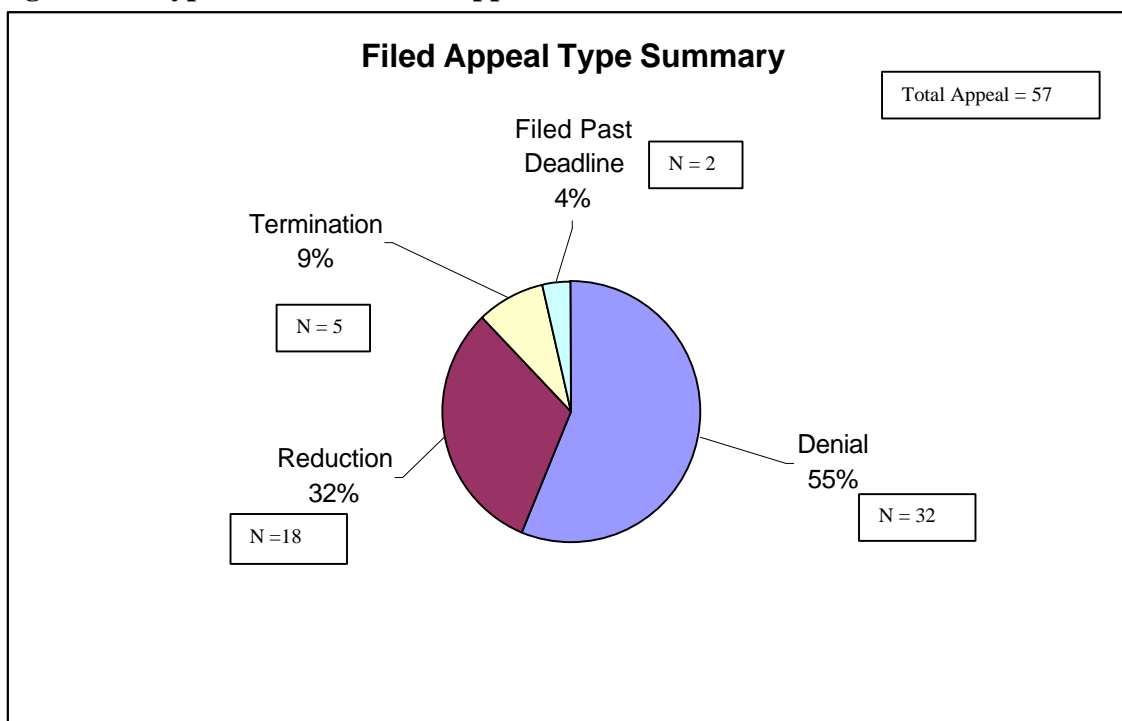


Table 19 and Figure 15 show the total number of appeals that the CSCR Team addressed from October to December 2005. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 57 Medicaid Appeal requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. Appeals involving regular Medicaid recipients of MH/DD/SA services account for 37 out of 57 (65 percent) of the appeal cases during the three months, while CAP-MR/DD Waiver recipients account for 20 out of 57 (35 percent).

Table 20 – Types of All Medicaid Appeals Filed (October to December 2005)

Appeal Type	Total	% of Total
Denial	32	55%
Reduction	18	32%
Termination	5	9%
Filed Past Deadline	2	4%
Total	57	100%

Figure 16 - Types of All Medicaid Appeals Filed (October to December 2005)



Types of Medicaid Appeals: AP/LME's Utilization Review Teams make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service*, *suspension of service*, *termination of service* and *denial of requests for a different service or an increased volume of a current service*s (42 CFR 431. Sub-Part E).

Table 20 and Figure 16 demonstrate the types of Medicaid Appeals that were filed during this reporting period. The data shows that the majority of the appeals (55 percent) are for *denial of requested service* (such as denial of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service). *Reduction of service* (such as the reduction from Level III residential to Level II) accounted for the second highest appeal type in this period representing 32 percent of the appeals. Appeals filed beyond the 11 calendar day time limit, *filed past deadline*, accounted for four percent of the appeals filed. *Termination of service* (such as a decision to end individual outpatient therapy) accounted for nine percent of the appeals filed in this period.

Table 21 - AP/LME Distribution of Medicaid Appeals (October to December 2005)

AP/LME	Total	% of Total
Pathways	14	24%
Mecklenburg	10	17%
Western Highlands	5	9%
Alamance Caswell	3	5%
Catawba	3	5%
Cumberland	3	5%
Durham	2	3%
Johnston	2	3%
Orange-Person-Chatham	2	3%
Albemarle	1	2%
Centerpoint	1	2%
Crossroads	1	2%
Eastpointe	1	2%
Neuse	1	2%
New River	1	2%
Onslow	1	2%
Pitt	1	2%
Sandhills	1	2%
Smoky Mountain	1	2%
Southeastern Center	1	2%
Southeastern Regional	1	2%
Wake	1	2%
Total	57	100%

AP/LME: Table 21 shows the AP/ LME associated with the 57 Medicaid Appeals. Medicaid appeal requests were received from recipients residing in 22 different catchment areas. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In fact, a high appeal volume likely indicates that the LME is providing recipients with a thorough education of the due process system.** Appeals from Pathways accounted for 14 appeals (24 percent) and appeals from Mecklenburg accounted for 10 appeals (17 percent). Five appeals (nine percent) were submitted for Western Highlands and three appeals each (3 percent) were submitted for Alamance Caswell, Catawba and Cumberland. Durham, Johnston and Orange-Person-Chatham submitted 2 appeals each (2 percent). A single appeal (1 percent) was submitted for each of the following LMEs: Albemarle, Centerpoint, Crossroads, Eastpointe, Neuse, New River, Onslow, Pitt, Sandhills, Smoky Mountain, Southeastern Center, Southeastern Regional and Wake.

Table 22 - Sources of Medicaid Appeals (October to December 2005)

Filed By	Total	% of Total
Guardian	49	86%
Self	8	14%
Total	57	100%

Figure17- Sources of Medicaid Appeals (October to December 2005)

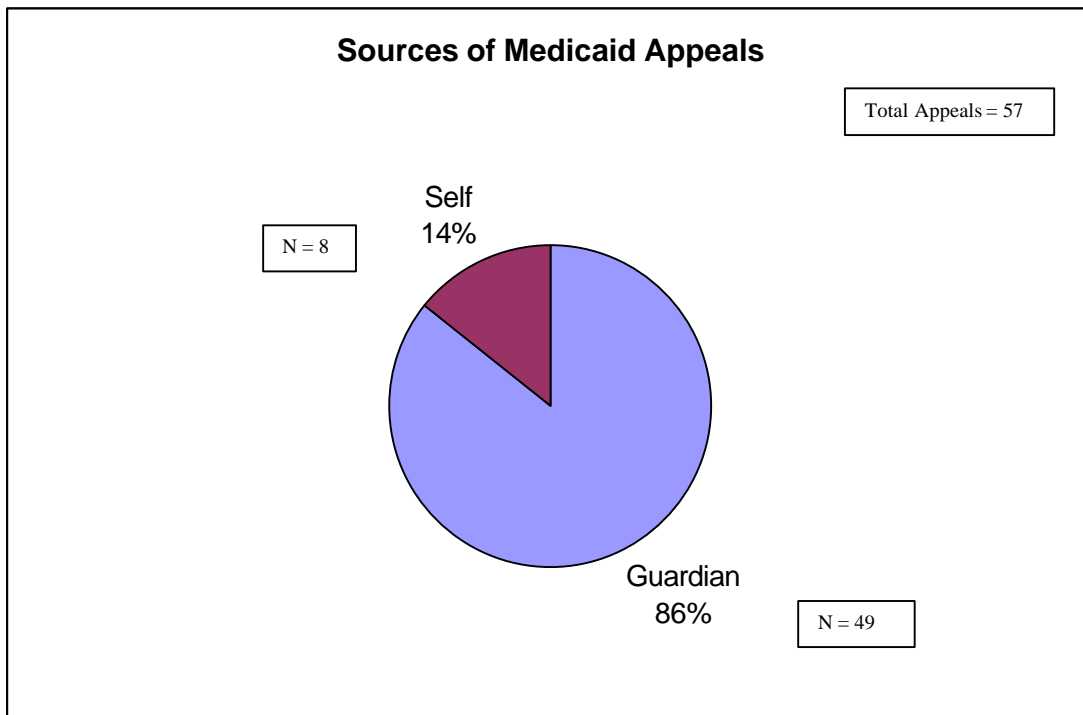
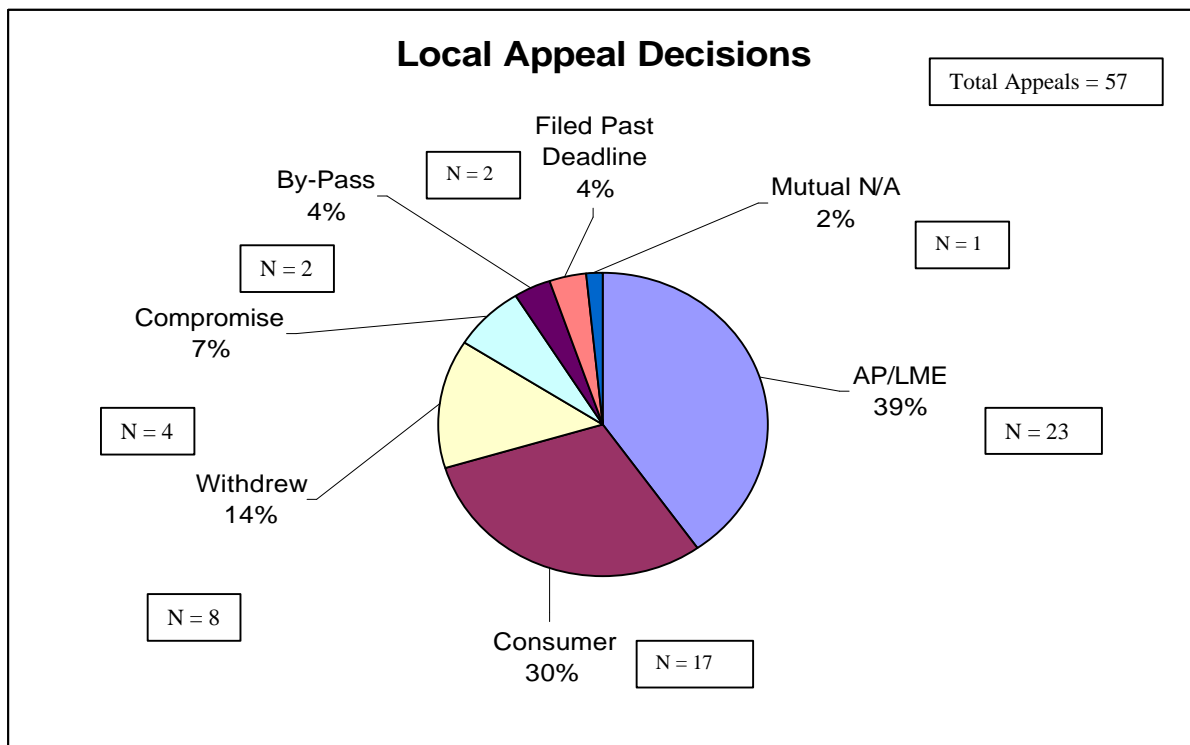


Table 22 and Figure 17 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 49 out of 57 appeals (86 percent) are initiated by a Guardian. Eight appeals (14 percent) were filed directly by the consumer.

Table 23 - All AP/LME Local Review Decisions (October to December 2005)

AP/LME Local Review Decisions	Total	% of Total
For AP/LME (Upheld)	23	39%
For Consumer (Overturned)	17	30%
Consumer/Recipient Withdrew	8	14%
Mutual Compromise	4	7%
By-Pass	2	4%
Filed Past Deadline	2	4%
Mutual N/A	1	2%
Total	57	100%

Figure 18 - All AP/LME Local Review Decisions (October to December 2005)

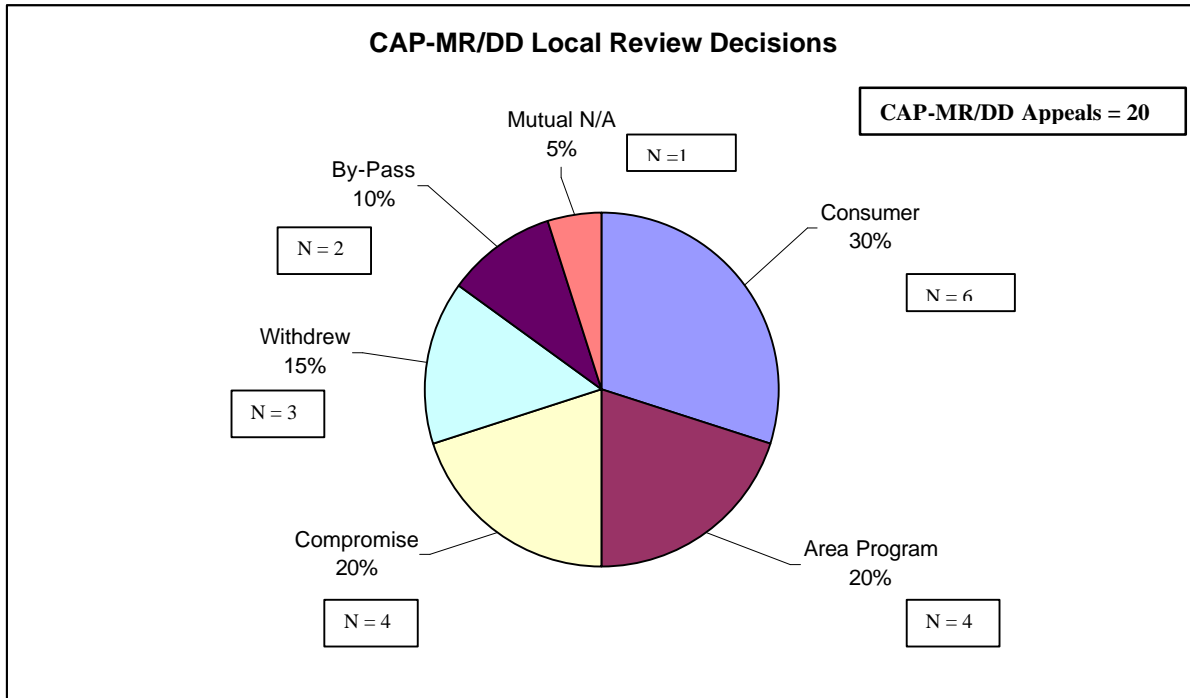


AP/LME Local Review Decisions: Table 23 and Figure 18 show the local AP/LME review decisions for all appeals from October to December 2005. Of the 57 appeals filed, LME local reviews upheld the original decision in 23 (39 percent) of the reported total and the local reviews overturned the original decision and ruled in favor of the consumer/appellant in 17 (30 percent) of the reported total appeals. Eight consumers (14 percent) withdrew their appeals prior to the hearing. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in two (seven percent) of the reported total. Two consumers (four percent) chose to by-pass the local review. Two appeals (four percent) were dismissed due to having been filed past deadline and 1 appeal (two percent) was mutually determined to be not applicable to the appeal process.

Table 24 – CAP-MR/DD Local AP/LME Review Decisions (October to December 2005)

AP/LME Decision on CAP-MR Appeals	Total	% of Total
Consumer	6	30%
Area Program	4	20%
Compromise	4	20%
Withdrew	3	15%
By-Pass	2	10%
Mutual N/A	1	5%
Total	20	100%

Figure 19 - CAP-MR/DD Local AP/LME Review Decisions (October to December 2005)



CAP/MR-DD Local Decisions: Table 24 and Figure 19 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. The AP/LME local reviews were in favor of the consumer/appellant in six cases (30 percent). The consumer and LME reached a mutual compromise in four cases (20 percent) and the AP/LME upheld the original decision in four cases (20 percent). Three consumers (15 percent) withdrew prior to the hearing. Two consumers (10 percent) chose to by-pass the local review. One case (five percent) was mutually determined to be not applicable to the Medicaid Appeal process.

DMH/DD/SAS Requested State Medicaid Appeal Hearings

Table 25- All DMH/DD/SAS Requested Hearings

DMH/DD/SAS Hearing	Total	% of Total
Withdrew	48	84%
Area Program	7	12%
Filed Past Deadline	2	4%
Total	57	100%

Figure 20 - DMH/DD/SAS Scheduled Hearings (October to December 2005)

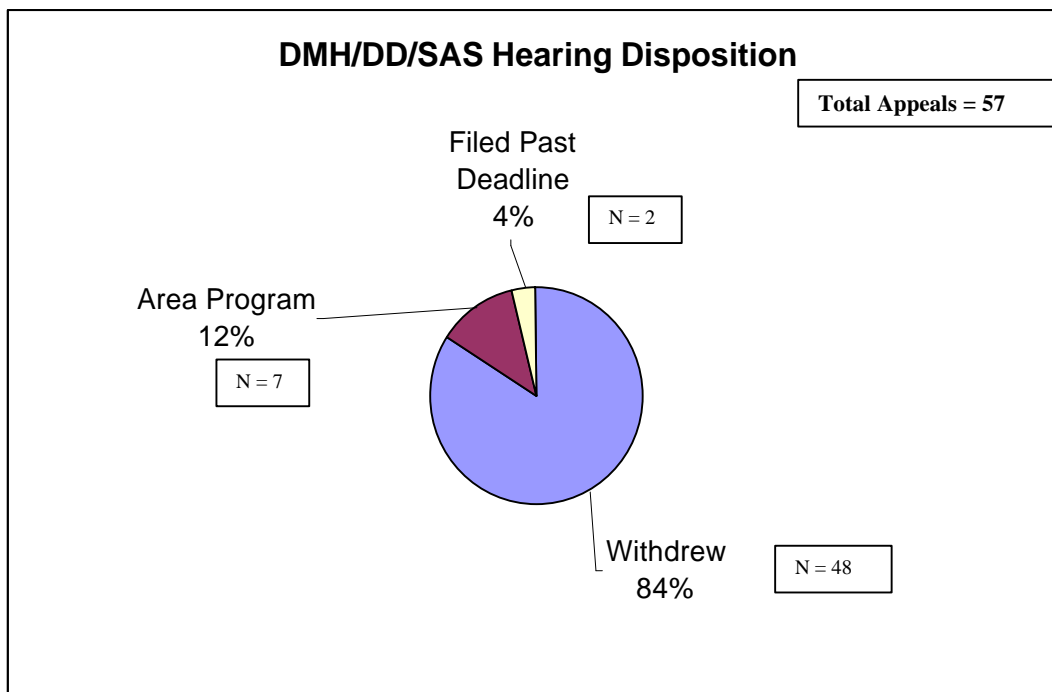
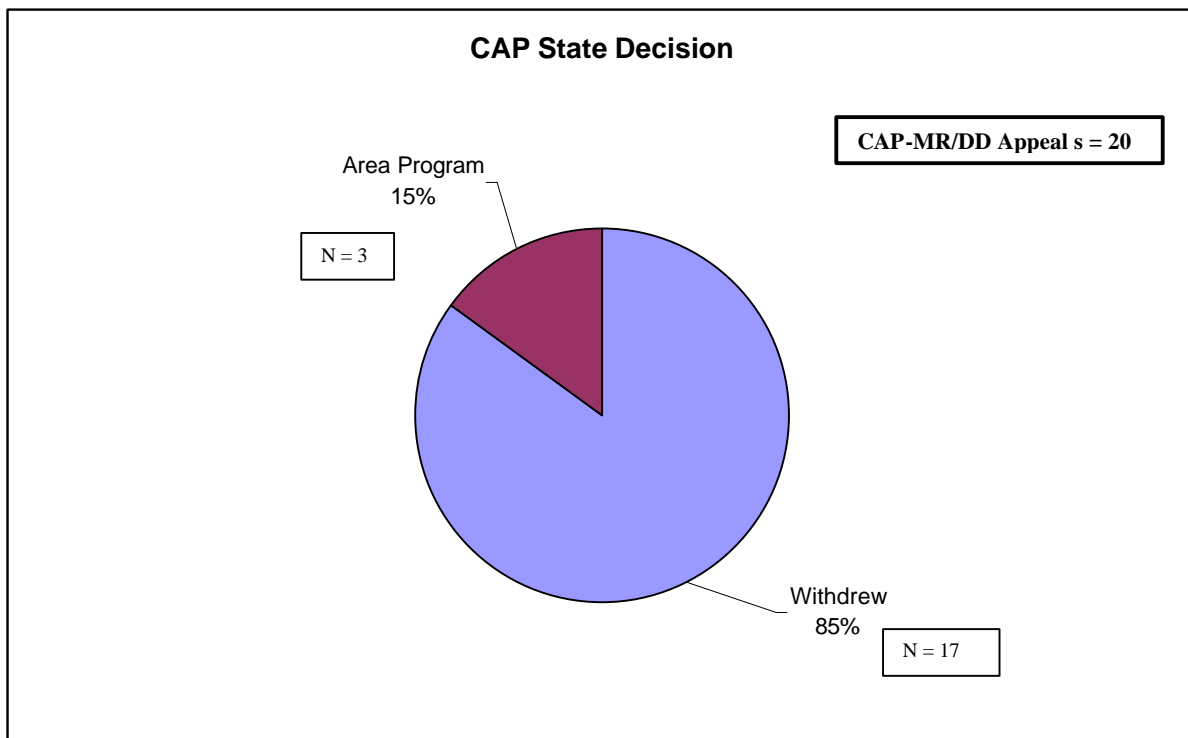


Table 25 and Figure 20 show information for the 57 appellants that requested a State hearing by the Division Affairs Team of the Operations Support Section of DMH/DD/SAS during this period. Forty-eight of the fifty seven (84 percent) hearing requests were withdrawn prior to the scheduled hearings largely because they were resolved locally. The DMH/DD/SAS hearing officers upheld the AP/LME's local review decision in seven cases (12 percent). Two appeals were filed past deadline and could not proceed to a hearing.

Table 26 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (October to December 2005)

DMH/DD/SAS Decision on CAP-MR/DD Appeals	Total	% of Total
Withdrew	17	85%
Area Program	3	15%
Total	20	100%

Figure 21– CAP-MR/DD DMH/DD/SAS Hearing Decisions (April to June 2005)



CAP/MR-DD DMH/DD/SAS Decisions: Table 26 and Figure 21 show the sub-set of appeals by CAP-MR/DD Waiver recipients. Seventeen of the DMH/DD/SAS hearing requests were withdrawn (85 percent) by the consumer/recipient or legally responsible person. Many of the withdrawn requests were addressed locally. DMH/DD/SAS upheld the AP/LME decision in the three hearings held (15 percent).

CUSTOMER SERVICE AND COMMUNITY RIGHTS TEAM
CURRENT DEVELOPMENTS

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases are increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations are quickly initiated in collaboration with other investigation agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations were referred by consumers and involved multiple issues. As a result, the majority of cases require a very large amount of time and collaboration between many agencies.
- 3) The Quarterly Complaint Report has been developed collaboratively with LME representatives and the DMH/DD/SAS Quality Management Team. This report will provide comparison information on complaints across the State and will be used for quality improvement processes.
- 4) The training curriculum for AP/LME Customer Service and Consumer Rights offices has been revised based on comments from consumers, families and LME staff and is currently being formatted. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Rights office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Community Rights Team is available to work with APs/LMEs in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Rights offices.